

Harrison County Adult Detention Center
George Payne, Jr., Sheriff

Inmate Request Form

12/5/01 Eugene

Date of Request: 12-1-01

Docket #: _____ Date Incarcerated: _____ Block C Section 1:

Inmate Name: _____ DOB: _____

Social Security Number: 567-49-0059 Case Number: _____

Charge: _____ Cause Number: _____

(Check One Only)

1. Booking Records / Property _____
2. GED - Life Skills _____
3. Inmate Accounts / Indigent _____
4. Grievances / Shift Supervisor _____
5. Majors / Captains _____
6. Counseling _____
7. Chaplain _____
8. Reclassification _____
9. Other _____

Explain Need Below:

I was raped last night. I need medical attn.

Staff Response:

(Inmate do not write below this line)

9/1 - Nurse examined
Placed in Medical
Placed on next MD Call
Placed on Psychiatrist Call

Date Received:

Date Completed:

Date Filed:

By:

By:

EXHIBIT

"D"